

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

Coventry Health Care Inc - First Health Group PAC

ADDRESS (number and street)

901 New York Avenue NW Third Floor

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00217216

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Ruhlmann

Signature of Treasurer

Electronically Filed by John Ruhlmann

Date

0 1

2 3

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Coventry Health Care Inc - First Health Group PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		119223.96
(b) Cash on Hand at Beginning of Reporting Period .....	130533.72	
(c) Total Receipts (from Line 19) .....	5259.74	48819.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	135793.46	168043.46
7. Total Disbursements (from Line 31) .....	0.00	32250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	135793.46	135793.46
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5193.74	38167.07
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	66.00	10652.43
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	5259.74	48819.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	5259.74	48819.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5259.74	48819.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5259.74	48819.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	26500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	5750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	32250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	32250.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5259.74	48819.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5259.74	48819.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Bahr

Mailing Address 4669 W. Vista Drive

City

Highland

State

UT

Zip Code

84003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334854

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Bahr

Mailing Address 4669 W. Vista Drive

City

Highland

State

UT

Zip Code

84003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381644

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Bahr

Mailing Address 4669 W. Vista Drive

City

Highland

State

UT

Zip Code

84003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416289

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334839

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381629

Amount of Each Receipt this Period

38.46

**C.**

Full Name (Last, First, Middle Initial)

Mary Baranowski

Mailing Address 4885 Brighton Court

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416274

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional) .....

115.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Pamela Barnes

Mailing Address 804 Dorset Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334824

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Pamela Barnes

Mailing Address 804 Dorset Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381614

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Pamela Barnes

Mailing Address 804 Dorset Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416259

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard Bates

Mailing Address 12205 Scarlet Tanager Drive

City State Zip Code  
 Potomac MD 20854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334861

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Bates

Mailing Address 12205 Scarlet Tanager Drive

City State Zip Code  
 Potomac MD 20854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381651

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Bates

Mailing Address 12205 Scarlet Tanager Drive

City State Zip Code  
 Potomac MD 20854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416296

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	8

Transaction ID: A2008-2334835

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	8

Transaction ID: A2008-2381625

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Dale Bleacher

Mailing Address 10020 Bellona Court

City

Richmond

State

VA

Zip Code

23233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	8

Transaction ID: A2008-2416270

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive  
Apt #207-5

City State Zip Code  
Midlothian VA 23114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334829

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive  
Apt #207-5

City State Zip Code  
Midlothian VA 23114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381619

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Borovatz

Mailing Address 14742 Rolling Spring Drive  
Apt #207-5

City State Zip Code  
Midlothian VA 23114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416264

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Marcey Brandon

Mailing Address P.O. Box 83

City

Georgetown

State

PA

Zip Code

15043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334833

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Marcey Brandon

Mailing Address P.O. Box 83

City

Georgetown

State

PA

Zip Code

15043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381623

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Marcey Brandon

Mailing Address P.O. Box 83

City

Georgetown

State

PA

Zip Code

15043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416268

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Brain Britt

Mailing Address 330 West Meadow Drive

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334855

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Brain Britt

Mailing Address 330 West Meadow Drive

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381645

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Brain Britt

Mailing Address 330 West Meadow Drive

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416290

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334851

Amount of Each Receipt this Period

38.47

**B.**

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381641

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City

Richmond

State

VA

Zip Code

23229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.75

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416286

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional) .....

115.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334828

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381618

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Catherine Cozzi

Mailing Address 25002 W. Mary Lane

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416263

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334849

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381639

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416284

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul Eisenstat

Mailing Address 3104 Cherry Hills Drive

City

Champaign

State

IL

Zip Code

61822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334863

Amount of Each Receipt this Period

38.47

**B.**

Full Name (Last, First, Middle Initial)

Paul Eisenstat

Mailing Address 3104 Cherry Hills Drive

City

Champaign

State

IL

Zip Code

61822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381653

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

Paul Eisenstat

Mailing Address 3104 Cherry Hills Drive

City

Champaign

State

IL

Zip Code

61822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416298

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional) .....

115.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Adrian Engels

Mailing Address 2523 E Oak Grove Dr

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334819

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Adrian Engels

Mailing Address 2523 E Oak Grove Dr

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381609

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Adrian Engels

Mailing Address 2523 E Oak Grove Dr

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416254

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1334.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334864

Amount of Each Receipt this Period

58.00

**B.**

Full Name (Last, First, Middle Initial)

Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1392.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381654

Amount of Each Receipt this Period

58.00

**C.**

Full Name (Last, First, Middle Initial)

Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416299

Amount of Each Receipt this Period

58.00

**SUBTOTAL** of Receipts This Page (optional) .....

174.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334821

Amount of Each Receipt this Period

14.04

**B.**

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381611

Amount of Each Receipt this Period

14.04

**C.**

Full Name (Last, First, Middle Initial)

Jane Furtwangles

Mailing Address 47 W. Calle Martina

City

Green Valley

State

AZ

Zip Code

85614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416256

Amount of Each Receipt this Period

14.04

**SUBTOTAL** of Receipts This Page (optional) .....

42.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 1615 William Penn Drive  
#21E

City State Zip Code  
Naperville IL 60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334818

Amount of Each Receipt this Period

14.04

**B.**

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 1615 William Penn Drive  
#21E

City State Zip Code  
Naperville IL 60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.96

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381608

Amount of Each Receipt this Period

14.04

**C.**

Full Name (Last, First, Middle Initial)

Greg Hale

Mailing Address 1615 William Penn Drive  
#21E

City State Zip Code  
Naperville IL 60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416253

Amount of Each Receipt this Period

14.04

**SUBTOTAL** of Receipts This Page (optional) .....

42.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Janet Hamner

Mailing Address 10219 Pemcrest

City

San Antonio

State

TX

Zip Code

78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334865

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

Janet Hamner

Mailing Address 10219 Pemcrest

City

San Antonio

State

TX

Zip Code

78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

936.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381655

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)

Janet Hamner

Mailing Address 10219 Pemcrest

City

San Antonio

State

TX

Zip Code

78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416300

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional) .....

117.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Bruce Hodge

Mailing Address 179 Singer Lane

City

Folsom

State

CA

Zip Code

95630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334837

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce Hodge

Mailing Address 179 Singer Lane

City

Folsom

State

CA

Zip Code

95630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381627

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Hodge

Mailing Address 179 Singer Lane

City

Folsom

State

CA

Zip Code

95630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416272

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334827

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381617

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kim Isbell

Mailing Address 6140 Moss Rose Lane

City

Aubrey

State

TX

Zip Code

76227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416262

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Vishu Jhaveri

Mailing Address 1501 Applecroft Lane

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334866

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Vishu Jhaveri

Mailing Address 1501 Applecroft Lane

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381656

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Vishu Jhaveri

Mailing Address 1501 Applecroft Lane

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416301

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Bonnie Kitson

Mailing Address 4203 Shamans Drive

City

Marietta

State

GA

Zip Code

30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	8

Transaction ID: A2008-2334856

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Bonnie Kitson

Mailing Address 4203 Shamans Drive

City

Marietta

State

GA

Zip Code

30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	8

Transaction ID: A2008-2381646

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Bonnie Kitson

Mailing Address 4203 Shamans Drive

City

Marietta

State

GA

Zip Code

30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	8

Transaction ID: A2008-2416291

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334838

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381628

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416273

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334830

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381620

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Joan Liberatore

Mailing Address 1549 Virginia Avenue

City

Monaca

State

PA

Zip Code

15061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416265

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Kathleen Mallatt

Mailing Address 4304 South 16th Avenue

City

Omaha

State

NE

Zip Code

68135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334857

Amount of Each Receipt this Period

76.93

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Mallatt

Mailing Address 4304 South 16th Avenue

City

Omaha

State

NE

Zip Code

68135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381647

Amount of Each Receipt this Period

76.93

**C.**

Full Name (Last, First, Middle Initial)

Kathleen Mallatt

Mailing Address 4304 South 16th Avenue

City

Omaha

State

NE

Zip Code

68135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416292

Amount of Each Receipt this Period

76.93

**SUBTOTAL** of Receipts This Page (optional) .....

230.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

John Martin

Mailing Address 3174 Wild Meadow Ln

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334841

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

John Martin

Mailing Address 3174 Wild Meadow Ln

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381631

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

John Martin

Mailing Address 3174 Wild Meadow Ln

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416276

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334832

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381622

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Kris Mazurowski

Mailing Address 1517 Lark Lane

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416267

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary Louise Osborne

Mailing Address 234 Overbrook Road

City

Valencia

State

PA

Zip Code

16059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1334.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334858

Amount of Each Receipt this Period

58.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Louise Osborne

Mailing Address 234 Overbrook Road

City

Valencia

State

PA

Zip Code

16059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1392.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381648

Amount of Each Receipt this Period

58.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Louise Osborne

Mailing Address 234 Overbrook Road

City

Valencia

State

PA

Zip Code

16059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416293

Amount of Each Receipt this Period

58.00

**SUBTOTAL** of Receipts This Page (optional) .....

174.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Martin Owens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334820

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Martin Owens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381610

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Martin Owens

Mailing Address 43 Sussex Court

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416255

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Donald Potempa

Mailing Address 426 Verret St

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 8

Transaction ID: A2008-2529582

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334850

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381640

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City

Willow Springs

State

IL

Zip Code

60480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416285

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Hassan Rifaat

Mailing Address 6820 Lullwater Road

City

Cumming

State

GA

Zip Code

30040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334859

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

Hassan Rifaat

Mailing Address 6820 Lullwater Road

City

Cumming

State

GA

Zip Code

30040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381649

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional) .....

101.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Hassan Rifaat

Mailing Address 6820 Lullwater Road

City

Cumming

State

GA

Zip Code

30040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.75

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416294

Amount of Each Receipt this Period

38.47

**B.**

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street  
Suite 450

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334844

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street  
Suite 450

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381634

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

98.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven Robino

Mailing Address 12915 Grant Street  
Suite 450

City State Zip Code  
Overland Park KS 66213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416279

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City State Zip Code  
San Diego CA 92122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334826

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City State Zip Code  
San Diego CA 92122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381616

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Dennis Roth

Mailing Address 5393 Bothe Avenue

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416261

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road  
Suite 450

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334848

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road  
Suite 450

City

St. Louis

State

MO

Zip Code

63135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381638

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Rebecca Sanborn

Mailing Address 40 Calverton Road  
Suite 450

City State Zip Code  
St. Louis MO 63135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416283

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel Scherr

Mailing Address 4679 Shelley Lane

City State Zip Code  
Ellicott City MD 21043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334817

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel Scherr

Mailing Address 4679 Shelley Lane

City State Zip Code  
Ellicott City MD 21043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381607

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Daniel Scherr

Mailing Address 4679 Shelley Lane

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416252

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North  
Suite 450

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334836

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North  
Suite 450

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381626

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Melissa Schooley

Mailing Address 2920 Second St. North  
Suite 450

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416271

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane  
Suite 450

City State Zip Code  
Clarksburg MD 20871

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334845

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane  
Suite 450

City State Zip Code  
Clarksburg MD 20871

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381635

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Allen Spath

Mailing Address 13250 Windsong Lane  
Suite 450

City State Zip Code  
Clarksburg MD 20871

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416280

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ann Stoepfelwerth

Mailing Address 4360 S. Victor Avenue

City State Zip Code  
Tulsa OK 74105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334862

Amount of Each Receipt this Period

38.00

**C.**

Full Name (Last, First, Middle Initial)

Ann Stoepfelwerth

Mailing Address 4360 S. Victor Avenue

City State Zip Code  
Tulsa OK 74105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381652

Amount of Each Receipt this Period

38.00

**SUBTOTAL** of Receipts This Page (optional) .....

126.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Ann Stoepelwerth

Mailing Address 4360 S. Victor Avenue

City

Tulsa

State

OK

Zip Code

74105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416297

Amount of Each Receipt this Period

38.00

**B.**

Full Name (Last, First, Middle Initial)

Jerome Wall

Mailing Address 8601 Breezewood Dr.  
Suite 450

City

Pittsburgh

State

PA

Zip Code

63128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334846

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Jerome Wall

Mailing Address 8601 Breezewood Dr.  
Suite 450

City

Pittsburgh

State

PA

Zip Code

63128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381636

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

58.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Jerome Wall

Mailing Address 8601 Breezewood Dr.  
Suite 450

City State Zip Code  
Pittsburgh PA 63128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416281

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Ernest Wells, jr

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1327.10

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334823

Amount of Each Receipt this Period

57.70

**C.**

Full Name (Last, First, Middle Initial)

Ernest Wells, jr

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381613

Amount of Each Receipt this Period

57.70

**SUBTOTAL** of Receipts This Page (optional) .....

125.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Ernest Wells, jr

Mailing Address 2107 N. Magnolia Ave.

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416258

Amount of Each Receipt this Period

57.70

**B.**

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334853

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381643

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

257.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416288

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Wilson

Mailing Address 2836 Macone Way

City

Sacramento

State

CA

Zip Code

95835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334825

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Wilson

Mailing Address 2836 Macone Way

City

Sacramento

State

CA

Zip Code

95835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381615

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Wilson

Mailing Address 2836 Macone Way

City

Sacramento

State

CA

Zip Code

95835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416260

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Winn

Mailing Address 14022 Jump Drive

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334860

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Winn

Mailing Address 14022 Jump Drive

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381650

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph Winn

Mailing Address 14022 Jump Drive

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416295

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334852

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381642

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Dale Wolf

Mailing Address 9012 Congressional Court

City State Zip Code  
 Potomac MD 20854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416287

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rachel Zektser

Mailing Address 2002 William Franklin Drive  
 Suite 450

City State Zip Code  
 Frederick MD 21702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 8 / 2 0 0 8

Transaction ID: A2008-2334847

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Rachel Zektser

Mailing Address 2002 William Franklin Drive  
 Suite 450

City State Zip Code  
 Frederick MD 21702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 2 / 2 0 0 8

Transaction ID: A2008-2381637

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)

Rachel Zektser

Mailing Address 2002 William Franklin Drive  
Suite 450

City State Zip Code  
Frederick MD 21702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coventry Health Care Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 8

Transaction ID: A2008-2416282

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

10.00

**TOTAL** This Period (last page this line number only) .....

5193.74

Image# 29931967120

Form/Schedule: **SA11AI**

Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

\*\*\*\*\*